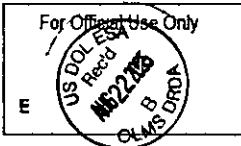


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>10577</u> <u>10577</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>04</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>William H Sharkey</u> P O Box Bldg Room No if any Street <u>5340 Campbell Road</u> City <u>Las Vegas</u> State <u>Nevada</u> ZIP Code + 4 <u>89149</u>	4 Name file number and address of labor organization Name <u>International Union of Elevator Constructors</u> Labor Organization File Number <u>000 197</u> P O Box Building and Room Number if any Street <u>154 Columbia Gateway Drive</u> City <u>Columbia</u> State <u>Maryland</u> ZIP Code + 4 <u>21046</u>
5 Position in labor organization <u>Director of Training</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income  7 b Amount

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions)	
Signed <u>William H Sharkey</u>	On <u>08/31/06</u> Date <u>(707) 645 9250</u> Telephone Number

Name of Person Filing William Stanley

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

## 8 Name and address of Business (including trade name if any)

Name National Elevator Industry Skill Training Program

Trade Name if any

P O Box Bldg Room No if any

Street 11 Larsen Way

City Attleboro Falls

State Massachusetts

ZIP Code + 4 02763-1068

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 11 a Nature of such dealing

Sec IM 17 11 13, 14

## 11 b Approximate dollar value of such dealing

## 12 a Nature of interest held or income received

Dinners Sep 2004 October 25 2004  
November 4 2004

## 12 b Amount

\$160

C Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

## 14 a Nature of payment

13 b Is the Business an Employer ☐or Consultant ☐ ?

## 14 b Amount of payment.

## LM-30 Attachment

Name William H. Stanley  
LM-30 File Number

Ending date of report period 12/31/04

LM-30 Item  
Number

- 11a Per direction provided by U S DOL OLMS, Part B includes reporting of transaction(s) including reimbursement of valid expenses by a trust in which the labor organization is interested as though the trust was a business This guidance provides a trust s dealings with a labor organization include the trust's receiving contributions from employers obligated to fund the trust per collective bargaining agreements negotiated by the labor organization While the guidance is unclear, other transactions may be deemed to constitute dealings with the labor organization, trusts, or employers reportable in 11b Accordingly, no amount is reported in 11b